

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000118267

1. Entity Name
EIGHTEEN STARS TRADING CORPORATION



FILED
04 MAY 13 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4925 BEACH BOULEVARD
JACKSONVILLE, FL 32207

Mailing Address
4925 BEACH BOULEVARD
JACKSONVILLE, FL 32207



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004

Chg-P

CR2E034 (10/03)

4. FEI Number
30-0219890

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAFER, ELIOT J
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LAI, ALFRED**
STREET ADDRESS **4925 BEACH BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **VP-S-D** ☐ Change ☒ Addition
NAME **Tromberg, Martha**
STREET ADDRESS **4925 Beach Boulevard**
CITY-ST-ZIP **Jacksonville, Florida 32207**

TITLE **D** ☐ Delete
NAME **TROMBERG, FRED**
STREET ADDRESS **4925 BEACH BOULEVARD**
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **P-T-D** ☒ Change ☐ Addition
NAME **Lai, Alfred**
STREET ADDRESS **4925 Beach Boulevard**
CITY-ST-ZIP **Jacksonville, Florida 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **700037059217**
STREET ADDRESS **--05/24/04--01106--019 **61.25**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 (90)396-5321
Date Daytime Phone #